



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

**RECEIVED**

By Carol Day at 8:46 am, Feb 20, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 204081	NAME OF AGENCY MSHP	DATE OF INSPECTION 02/17/2015
LOCATION OF INSTRUMENT (STREET AND CITY) Scott County Sheriff's Office-211 S. New Madrid St.-Benton		TIME OF INSPECTION 8:55 pm

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 02/17/2015 20:58
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 50.0°C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER

☒ INDICATOR LIGHTS

☒ SIMULATOR SOLUTION SUPPLIER Guth Laboratories Inc LOT # 13290 EXP. DATE 10/29/2015

☒ SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN MP2416 EXP. DATE 08/28/2015

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 .101	TEST 2 .102	TEST 3 .102
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☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 0	(0-.04) 0	(.05-.09) 0	(.10-.14) 0	(.15-.19) 0	OVER .19 0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS  
(USE OTHER SIDE IF NECESSARY).

Closing maintenance. Turned in to Jefferson City

**INSPECTING OFFICER**

SIGNATURE <i>James C. Cooksey Jr.</i>	PRINT FULL NAME James C. Cooksey Jr.
TYPE II PERMIT NUMBER/EXPIRATION DATE 204086 03/11/2016	TELEPHONE NUMBER (573) 840-9500

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901



**GUTH LABORATORIES, INC.**

590 NORTH 87th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

WISCONSIN STATE LABORATORY  
200 UNIVERSITY DRIVE  
MADISON, WI 53706  
608/261-1000

ARREST TIME: 09/08

SUBJECT NAME:

DOE, JAMES

DOB: 01/01/1978

STATE: WISCONSIN

ARRESTING AGENCY:

COONSEY/JAMES, C

OFFICER: JAMES, C

TESTING OFFICER:

COONSEY/JAMES, C

UNFLUOR: 1.01/1.01

PERMIT NUMBER: 000000

UNFLUOR: 0.01/0.01

WISCONSIN: 0.01/0.01

RFI TEST

--- Radio Frequency ---

RADIO INTERFERENCE

Operator Signature

*James Cooney*

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

WISCONSIN STATE LABORATORY  
200 UNIVERSITY DRIVE  
MADISON, WI 53706  
608/261-1000

--- Radio Frequency ---

CONDUCT

PROBABLE

REMARKS

REMARKS

FLOW TESTED

PULP

HIGH SPEED

DETO

REMARKS

REMARKS

REMARKS

REMARKS

REMARKS

Operator Signature

*James Cooney*

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 117000  
08/17/15

TESTING OFFICER:  
COOKSEY/JAMES/D  
OFFICER T.O. 255  
PERIOD NUMBER: 200000  
EXPIRATION DATE: 05/1/16  
DISCLOSURE: 6/1/16  
PHONE: 816/211-1000

--- SUMMER 2015 2004 ---

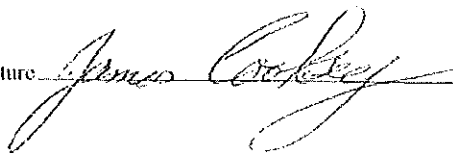
BLANK (ES)	1000	21/14
INTERNAL STANDARD	1000	21/14
INTERNAL STANDARD	1000	21/14
BLANK (ES)	1000	21/14
EXTERNAL STANDARD	1000	21/14
EXTERNAL STANDARD	1000	21/14
EXTERNAL STANDARD	1000	21/14
EXTERNAL STANDARD	1000	21/14

0.15

STN. 1.1

RMV. 1.10.6

Operator Signature





STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

2

**PERMIT  
TYPE II**

**JAMES C COOKSEY JR.**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER, INTOX DMT**

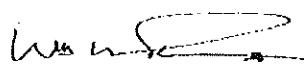
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

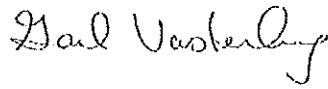
DATE 3/11/2014

NUMBER 240086


EXPIRES 3/11/2016

MO 580-0771 (6-10)

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
, acting director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R5-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
	<b>INSTRUMENT OPERATOR CARD</b>
<small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small>	
	
Operator <b>COOKSEY JR., JAMES</b> Permit No <b>240086</b> Date Issued <b>3/11/2014</b> Date Expires <b>3/11/2016</b>	